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SALVATORE TAILLEFER

EUGENE MALISZEWSKYJ  
ENGINEERING CONSULTANT

June 30 2015

ARTHUR BLOOSTON  
1914 - 1999

ORIGINAL

**WRITER'S CONTACT INFORMATION**

sta@bloostonlaw.com  
202-828-5562

**REDACTED - FOR PUBLIC INSPECTION**

*VIA HAND DELIVERY*

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, S.W.  
Washington, DC 20554

ACCEPTED/FILED

JUN 30 2015

Federal Communications Commission  
Office of the Secretary

RE: Form 481 - Carrier Annual Reporting Data Collection, 2015  
WC Docket No. 14-58

Dear Ms. Dortch:

Pursuant to sections 54.313(i) and 54.422(c) of the Commission's Rules,<sup>1</sup> Haxtun Telephone Company (the Company) hereby submits a copy of its "FCC Form 481 - Carrier Annual Reporting Data Collection Form," as filed with the Universal Service Administrative Company. A copy is also being submitted to the appropriate state regulatory commission and tribal government, as further required by sections 54.313(i) and 54.422(c).

Pursuant to the Protective Order adopted by the Commission in this proceeding,<sup>2</sup> the Company requests confidential treatment for the financial information included in its report, as required by §54.313(f)(2), on the grounds that it is commercially sensitive information that is not normally released to the public. The Company also requests confidential treatment for its

<sup>1</sup> 47 CFR §§54.313 and 54.422.

<sup>2</sup> *In the Matter of Connect America Fund, et al.*, PROTECTIVE ORDER, WC Docket No. 10-90, et al., DA 15-712, released June 17, 2015.

No. of Copies rec'd 091  
List ABCDE

Progress Report on the Five Year Service Quality Plan and Outage Report pursuant to sections 0.457 and 0.459 of the Commission's Rules. A letter in support of the Company's request is attached hereto.

In accordance with the Protective Order and the Commission's rules, two redacted copies and one non-redacted copy have been submitted on paper via hand delivery to the Secretary's Office, two non-redacted copies have been submitted for hand delivery to Mr. Charles Tyler of the Telecommunications Access Policy Division, and a redacted copy has also been filed via the Electronic Comment Filing System.

If you have any questions, please do not hesitate to contact the undersigned.

Sincerely,

A handwritten signature in black ink, appearing to read 'Salvatore Taillefer, Jr.', with a stylized, cursive script.

Salvatore Taillefer, Jr.

Counsel to Haxtun Telephone Company

CC:

Mr. Charles Tyler, Telecommunications Access Policy Division, Wireline Competition Bureau

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**June 30, 2015**

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Washington, DC 20554

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**JUN 30 2015**  
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Office of the Secretary

RE: Form 481 – Carrier Annual Reporting Data Collection, 2015  
WC Docket No. 14-58

Dear Ms. Dortch:

Pursuant to §0.457 and §0.459 of the Commission's rules, Haxtun Telephone Company (the "Company"), by its attorneys, hereby requests that certain materials and information be withheld from public inspection. Specifically, the Company requests confidential treatment of the Progress Report on the Five Year Service Quality Improvement Plan and Outage Report (the "confidential information") attached to its Form 481 filing.

In support of its request for confidential treatment and pursuant to the requirements under § 0.459(b) of the Commission's rules, the Company states the following:

*1. Identification of the specific information for which confidential treatment is sought.*

The Company seeks confidential treatment of the Progress Report on the Five Year Service Quality Improvement Plan, attachment 112, and its Outage Report, attachment 200, to the Form 481 filing accompanying this letter, which contains sensitive financial information about the Company as well as information about the Company's projected network improvements, upgrades for voice and broadband services during the period from 2015 through 2019, and service outages.



2. *Identification of the Commission proceeding in which the information was submitted or description of the circumstances giving rise to the submission.*

The documents are being submitted as part of the annual Eligible Telecommunications Carrier Report (Form 481) mandated by section 54.313 of the Commission's rules.

3. *Explanation of the degree to which the information is commercial or financial, or contains a trade secret or is privileged.*

The data described is highly confidential and sensitive commercial and financial information which constitutes trade secrets or sensitive commercial and financial information that "would customarily be guarded from competitors,"<sup>1</sup> and is therefore exempted from mandatory disclosure under FOIA Exemption 4 and Section 0.457(d) of the Commission's rules.<sup>2</sup>

4. *Explanation of the degree to which the information concerns a service that is subject to competition.*

The confidential information relates to voice and broadband services provided by the Company that are subject to competition from competitive local exchange carriers, cable television system operators, electric power utilities, fixed and mobile wireless service providers, and/or satellite carriers.

5. *Explanation of how disclosure of the information could result in substantial competitive harm.*

Disclosure of the confidential information is likely to result in substantial competitive harm to the Company because the confidential information could provide competitors with commercially sensitive insights related to the Company's operations, service offerings, and costs.

6. *Identification of any measures taken by the submitting party to prevent unauthorized disclosure.*

The Company does not make the confidential information publically available in any way and further limits internal access to key employees subject to strict non-disclosure obligations.

7. *Identification of whether the information is available to the public and the extent of any previous disclosure of the information to third parties.*

The Company does not make the confidential information available to the public and it has not previously allowed disclosure of the confidential information to third parties that are not otherwise bound by confidentiality obligations.

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<sup>1</sup> *Id.* § 0.457(d)(2).

<sup>2</sup> 5 U.S.C. § 552(b)(4); 47 C.F.R. § 0.457(d).

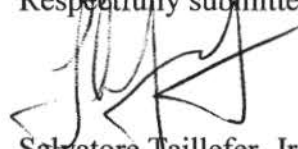
8. *Justification of the period during which the submitting party asserts that the material should not be available for public disclosure.*

The confidential information should be treated as confidential for an indefinite period, as the Company will always be subject to competition and the competitive harms associated with the disclosure of the confidential information.

In order to provide adequate protection from public disclosure, the Commission should strictly limit distribution of the confidential information within the Commission on a "need to know" basis and not allow any distribution outside of the Commission. In the event that any person or entity outside the Commission requests disclosure of the confidential information, the Company requests that it be so notified immediately so that it can oppose such request or take other action to safeguard its interests as it deems necessary.

Please direct any questions regarding this submission to the undersigned.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Salvatore Taillefer, Jr.', written over the printed name.

Salvatore Taillefer, Jr.

Counsel for

Haxtun Telephone Company

<b>FCC Form 481 - Carrier Annual Reporting</b> Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0619 July 2013
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JUN 9 2015

Federal Communications Commission  
Office of the Secretary

<010>	Study Area Code	462190
<015>	Study Area Name	HAXTUN TEL CO
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Amanda Molina
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9044037533 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	amolina@townes.net

<b>ANNUAL REPORTING FOR ALL CARRIERS</b>		S4-313 Completion Required	S4-422 Completion Required
--	--	----------------------------------	----------------------------------

<100>	Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200>	Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input type="checkbox"/> -- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330>	Detail on Attempts (broadband)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440>	Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450>	Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	462190co510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	462190co610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800>	Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)?	(If yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability Certification	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>		(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100>	Certify whether terrestrial backhaul options exist (Yes or No)	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>		(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

<2000>	Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>		(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>		(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>		(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



(100) Service Quality Improvement Reporting  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	462190
<015>	Study Area Name	HAXTUN TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9044037533 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

462190coll12.pdf

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets  
 <114> Report how much universal service (USF) support was received  
 <115> How much (USF) was used to improve service quality and how support was used to improve service quality  
 <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage  
 <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity  
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Yes

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(200) Service Outage Reporting (Voice)  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	462190
<015>	Study Area Name	HAXTON TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9044077533 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

[illegible]

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(700) Price Offerings including Volume Rate Data  
Data Collection Form

FCC Form 481  
OMB Control No. 3050-0885/OMB Control No. 3050-0819  
July 2013

<010>	Study Area Code	462190
<015>	Study Area Name	HAXTON TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9044037533 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townee.net

<701> Residential Local Service Charge Effective Date  
<702> Single State-wide Residential Local Service Charge

1/1/2015

[illegible]

See attached worksheet

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710) Broadband Price Offerings Data Collection Form FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3050-0819  
July 2013

<010>	Study Area Code	462190
<015>	Study Area Name	HAXTUN TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9044037533 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

[illegible]

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REDACTED - FOR PUBLIC INSPECTION

(800) Operating Companies  
Data Collection Form  
FCC Form 481  
OMB Control No. 3050-0986/OMB Control No. 3050-0819  
July 2013

<010>	Study Area Code	462196
<015>	Study Area Name	HAXTUN TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9044037533 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net
<810>	Reporting Carrier	Haxtun Telephone Company
<811>	Holding Company	Townes Telecommunications, Inc.
<812>	Operating Company	Haxtun Telephone Company

[illegible]

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(900) Tribal Lands Reporting  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0985/OMB Control No. 3060-0819

July 2018

<010> Study Area Code 462190  
 <015> Study Area Name HAXTUN TEL CO  
 <020> Program Year 2016  
 <030> Contact Name - Person USAC should contact regarding this data Amanda Molina  
 <035> Contact Telephone Number - Number of person identified in data line <030> 9044037533 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> amolina@townes.net

&lt;910&gt; Tribal Land(s) on which ETC Serves

&lt;920&gt; Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  
 <922> Feasibility and sustainability planning;  
 <923> Marketing services in a culturally sensitive manner;  
 <924> Compliance with Rights of way processes  
 <925> Compliance with Land Use permitting requirements  
 <926> Compliance with Facilities Siting rules  
 <927> Compliance with Environmental Review processes  
 <928> Compliance with Cultural Preservation review processes  
 <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

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(1100) No Terrestrial Backhaul Reporting  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	462190
<015>	Study Area Name	HAXTON TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9044037533 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolinas@townes.net

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

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<b>(1200) Terms and Condition for Lifeline Customers</b>		FCC Form 481
Lifeline Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		JULY 2013

<010>	Study Area Code	462190
<015>	Study Area Name	HAXTON TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Amenda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9044037533 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

462190col210.pdf

&lt;1210&gt; Terms &amp; Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

&lt;1220&gt; Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- |        |   |                                     |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan,  | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan.  | <input checked="" type="checkbox"/> |

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REDACTED - FOR PUBLIC INSPECTION



(2000) Price Cap Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0886/OMB Control No. 3060-0819
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013

<010>	Study Area Code	442190
<015>	Study Area Name	MAXTON TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	JUANITA MOLINA
<035>	Contact Telephone Number - Number of person identified in data line <030>	904037533 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	AMOLINA@COWEN.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)i)  
 <2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)ii)  
 <2011b> Attachment (47 CFR § 54.313(b)(1)iii)


Name of Attached Document(s) Listing Required Information

**Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))**

- <2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))  
 <2013> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))  
 <2014> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))  
 <2015> 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))


**Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))**

- <2016> Certification Support Used to Build Broadband


**Connect America Phase II Reporting (47 CFR § 54.313(e))**

- <2017> 3rd year Broadband Service Certification  
 <2018> 5th year Broadband Service Certification  
 <2019> Interim Progress Certification  
 <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.


- <2021> Interim Progress Community Anchor Institutions


Name of Attached Document(s) Listing Required Information

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(3000) Rate Of Return Carrier Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 JULY 2013
--	--

<010> Study Area Code 462190  
 <015> Study Area Name HARTIN TEL CO  
 <020> Program Year 2016  
 <030> Contact Name - Person USAC should contact regarding this data Amanda Molina  
 <035> Contact Telephone Number - Number of person identified in data line <030> 9044037533 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> amolina@cwnea.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

462190co3010.pdf

(3010) Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(i), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☒

462190co3012.pdf

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  
(3014) If yes, does your company file the RUS annual report.

(Yes/No)  
(Yes/No)



Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)



(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows



(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited?

(Yes/No)



If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications



(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows



(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit



If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,



(3023) Underlying information subjected to a review by an independent certified public accountant



(3024) Underlying information subjected to an officer certification.



(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows



462190co3026.pdf

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

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3000) New Data Entry: Additional Documentation (Continued)		FCC Form 488
Data Collection Form		CMS Control No. 3050-0966/CMS Control No. 3050-0819
		JULY 2013

<010> Study Area Code	462190
<015> Study Area Name	HAKTUN TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035> Contact Telephone Number - Number of person identified in data line <030>	9044017511 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	amolina@townar.net

## Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant in Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Name of Attached Document Listing Required Information

REDACTED - FOR PUBLIC INSPECTION

REDACTED - FOR PUBLIC INSPECTION



Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0386/OMB Control No. 3060-0810 July 2013
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<010> Study Area Code	462190
<015> Study Area Name	HAXTUN TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035> Contact Telephone Number - Number of person identified in data line <030>	9044037533 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or UJ Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	HAXTUN TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/20/2015
Printed name of Authorized Officer:	Deborah Nobles
Title or position of Authorized Officer:	VP of Regulatory Affairs
Telephone number of Authorized Officer:	9042590029 ext.
Study Area Code of Reporting Carrier:	462190 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	462190	
<015> Study Area Name	HAXTON TEL CO	
<020> Program Year	2016	
<030> Contact Name - Person USAC should contact regarding this data	Amanda Molina	
<035> Contact Telephone Number - Number of person identified in data line <030>	9044037533 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	amolina@owens.net	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

REDACTED - FOR PUBLIC INSPECTION

### Attachments

REDACTED - FOR PUBLIC INSPECTION



LINE 112: PROGRESS REPORT

**REDACTED IN ENTIRETY**

LINE 200: SERVICE OUTAGE REPORT

**REDACTED IN ENTIRETY**

Carrier Name: Haxtun Telephone Company  
Carrier SPIN: 143002491  
Carrier SAC: 462190  
Operating State: Colorado

Line 510: Service Quality Standards and Consumer Protection Rules Compliance for voice and broadband services

Haxtun Telephone Company ("Haxtun" or "the Company") complies with the following rules in the Code of Colorado Regulations:

4 CCR 723-2330 - 2341 Relating to Quality of Services Provided to the Public  
4 CCR 723-2360 - 2399 Relating to Collection and Disclosure of Personal Information

Haxtun complies with the following federal consumer protection rules and regulations:

FCC 47 C.F.R. §§64.2001-64.2011 – Customer Proprietary Network Information ("CPNI")  
FTC 16 C.F.R. §681.2 – Identity Theft Red Flags and Address Discrepancies Under the Fair and Accurate Credit Transactions Act of 2003

All customer protection and disclosures established by the Fair Credit Reporting Act (15 U.S.C. §§1681, *et seq.*) and the Truth in Lending Act (15 U.S.C. §§1601, *et seq.*)

The Company has a CPNI Policy Manual detailing and enforcing the requirements of the federal CPNI rules. Each year, the CPNI Compliance Officer (1) communicates with the Company's attorneys and/or consultants regarding CPNI responsibilities, requirements and restrictions; (2) supervises the training of Company employees and agents who use or have access to CPNI; (3) supervises the use, disclosure, distribution or access to the Company's CPNI by independent contractors and joint venture partners; (4) maintains records regarding the use of CPNI in marketing campaigns; and (5) receives, reviews and resolves questions or issues regarding use, disclosure, distribution or provision of access to CPNI. The CPNI Compliance Officer certifies compliance annually with the FCC by March 1.

The Company has an Identity Theft Prevention Program ("the Program") that was approved by the Board of Directors in September 2008. The Board appointed Red Flag Coordinator is responsible for updating the Program as necessary; the day-to-day supervision of the Program; training Company employees regarding their responsibilities with respect to the Program; and responding to employee questions and concerns regarding identity theft or the Program. The Red Flag Coordinator is required to annually prepare an Identity Theft Prevention Program Compliance Report for the Board's approval by October 1. The Identity Theft Prevention Program Compliance Report evaluates the effectiveness of the Program; the nature and extent of the Company's service provider arrangements and their impact on the effectiveness of the Program; reports any significant incidents involving identity theft and the Company's response to such incidents; and provides recommendations to the Board for periodic reviews of the Program and the adoption of material changes and other revisions, modifications and updates to the Program.



The Company is subject to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to, the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in F.C.C. 47 C.F.R. Part 8 §8.3.

Carrier Name: Haxtun Telephone Company  
Carrier SPIN: 143002491  
Carrier SAC: 462190  
Operating State: Colorado

Line 610: Functionality in Emergency Situations for voice and broadband services

Haxtun Telephone Company ("Haxtun" or "the Company") has an Emergency Operations Plan ("EOP" or "the Plan") that addresses the requirements for continuity of service and systematic restoration of service after loss of service due to an emergency. The EOP is administered and maintained by a member of senior management of the parent company, Townes Telecommunications, Inc., and is reviewed annually to ensure that each applicable section is accurate and any changes or updates to the Plan are made on a timely basis.

An Emergency Director has been authorized to implement the provisions of the EOP. The Emergency Director conducts training with employees and is responsible for ensuring that all new employees are provided a 30 minute overview of the Plan as part of their orientation. Specific supervisory personnel receive additional intense instructions regarding special areas of the Plan.

The Plan established an Emergency Committee made up of senior management and key company personnel, who upon notification by the Emergency Director that a potential emergency exists, convene to declare an emergency, notify affected parties and assume control of restoration of service efforts.

An emergency control center is established at the Company's business office, which is equipped with a back-up power generator and a wireless telephone set. Depending upon the severity and type of emergency and the safety of the emergency location, a control center may be established at the site of the event.

In case of power outages, batteries in the central office will last on average from 4-8 hours depending on how many lines (AMP load) are served at that particular location. The stand-by generator has 24 hour diesel capacity and small generators are available to be put on smaller concentrators if power is lost. The small generators have to be refueled every few hours.

The Company's standby generators and battery back-up support both voice and broadband network equipment should an emergency situation occur.

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
JULY 2013

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	

[illegible]

REDACTED - FOR PUBLIC INSPECTION



(710) Broadband Price Offerings Data Collection Form FCC Form 481 QMB Control No. 3060-0986/QMB Control No. 3060-0825 July 2013

(710) Broadband Price Offerings  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0825  
July 2013

<010>	Study Area Code	462190
<015>	Study Area Name	HAXTUN TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9044037533 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@tovnes.net

[illegible]

REDACTED - FOR PUBLIC INSPECTION

REDACTED - FOR PUBLIC INSPECTION

<810>	Reporting Carrier	Naxtun Telephone Company
<811>	Holding Company	Townes Telecommunications, Inc.
<812>	Operating Company	Naxtun Telephone Company

[illegible]

REDACTED - FOR PUBLIC INSPECTION

REDACTED - FOR PUBLIC INSPECTION

Carrier Name: Haxtun Telephone Company  
 Carrier SPIN: 143002491  
 Carrier SAC: 462190  
 Operating State: Colorado

Line 1210: Terms and Conditions for Lifeline Program Customers

Haxtun Telephone Company ("Haxtun" or "the Company") complies with the FCC CFR 47 §§54.4, Universal Service Support for Low-Income Customers. The Company has developed a Lifeline Program Policy & Procedures Manual, which incorporates the federal Low-Income Program requirements. Lifeline is a non-transferable retail service offering for which qualifying low-income consumers receive a \$9.25 federal discount on flat rated basic local telephone service, whether it is purchased on a stand-alone basis or as part of a bundled service that includes voice and data services and optional calling features. Lifeline customers are charged a separate charge for toll calls, but are provided Toll Blocking free of charge if they elect to subscribe to the service. The Lifeline supported services are as shown below:

	Inside Base Rate Area	Outside Base Rate Area	
Residence Access Line	16.00	16.00	
Federal SLC	6.50	6.50	
Total Monthly Rate	22.50	22.50	
<b><u>Lifeline Discounts to Total Monthly Rate:</u></b>			
Federal Flat Rate Lifeline Support	(9.25)	(9.25)	<i>FCC 497: Lifeline Worksheet</i>
Total Lifeline Service Monthly Rate	(9.25)	(9.25)	
<b>Net Monthly Local Service for Lifeline Customer</b>	<b>13.25</b>	<b>13.25</b>	

**Additional Services:**

Toll Blocking is free to Lifeline customers who subscribe to this service.

The company is required to include the Lifeline Service Program in their Local Exchange Tariff. The rates for basic local residential service are also contained in the Local Exchange Tariff and the rates for the federal SLC are included in the NECA Tariff No. 5. Changes to any of these rates must be approved by the appropriate regulatory agency.



Carrier Name: Haxtun Telephone Company  
Carrier SPIN: 143002491  
Carrier SAC: 462190  
Operating State: Colorado

Line 3010: Milestone Certification

Haxtun Telephone Company ("Haxtun" or "the Company"), pursuant to, and in accordance with, F.C.C. 47 C.F.R § 54.202(a) and § 54.313(f)(1)(i), hereby submits this letter of certification that the Company is taking reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4Mbps downstream/1Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.

Carrier Name: Haxtun Telephone Company  
Carrier SPIN: 143002491  
Carrier SAC: 462190  
Operating State: Colorado

Line 3012: Data on Community Anchor Institutions

Haxtun Telephone Company ("Haxtun" or "the Company"), pursuant to, and in accordance with, F.C.C. 47 C.F.R § 54.313(f)(1)(ii), hereby submits the number, names, and addresses of community anchor institutions to which the Company newly began providing access to broadband service in the preceding calendar year.

1. Haxtun Telephone Company does not have any newly served community anchor institutions to submit because all community anchor institutions are already being served.

LINE 3026: FINANCIAL WORKSHEET

**REDACTED IN ENTIRETY**